ORIGINATION FORM

Proposed Revisions to the Specifications

(Please provide all information - incomplete forms will be returned)

Date:	Specification Section:		
Originator:	Articles/Subarticles:		
Telephone:			
email:			
Will the proposed revision involve Design Standard Ind	lex changes?	Yes	No
Roadway Design staff contacted (name):			
Structures Design staff contacted (name):			
Will the proposed revision involve PPM changes?	Yes	No	
Roadway Design staff contacted (name):			
Will the proposed revision involve CPAM changes?	Yes	No	
Construction staff contacted (name):			
Will the proposed revision involve Pay Item changes?	Yes	No	
Estimates staff contacted (name):			
Will the proposed revision involve SDG changes?	Yes	No	
Structures staff contacted (name):			
Will the proposed revision involve APL changes?	Yes	No	
Product Evaluation staff contacted (name):			
Will the proposed revision involve Material Manual changes? Yes No			
State Materials Office staff contacted (name):			
Will this revision necessitate any of the following:			
Design Bulletin Construction Bulletin	Estimates Bulle	tin	Materials Bulletin
Are all references to external publications current?	Yes	No	
If not, what references need to be updated? (Please include changes in the redline document.)			
Why does the existing language need to be changed?			
Summary of the changes:			
Are these changes applicable to all Department jobs? If not, what are the restrictions?	Yes	No	